

**LICENSING DIVISION (BAR)**

P.O. Box 989001  
West Sacramento, CA 95798-9001  
(916) 322-4000



**Bureau of Automotive Repair**  
**APPLICATION FOR SMOG CHECK STATION LICENSE**  
**Fee \$100.00**

**Type of License:** *Check one only*

Enhanced Area: ☐ Test and Repair ☐ Test-Only  
Basic Area: ☐ Test and Repair ☐ Test-Only

*For Department Use Only*

License Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration \_\_\_\_\_

**INSTRUCTIONS:**

1. Read all information contained in this application including instructions on reverse side of this page.
2. Pay fees by check or money order made payable to the Licensing Division.
3. Submit completed application with all appropriate documents and fees to the Licensing Division at the above address.
4. All information is mandatory and is required under Business and Professions Code Sections 9884 and Labor Code Section 432.7.

**IF ANY INFORMATION IS OMITTED, THE APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION AND WILL DELAY PROCESSING.**

*Please type or print legibly in ink*

Owner's Name: <span style="float:right">Last</span> <span style="float:right">First</span> <span style="float:right">Middle</span>			
Owner's Driver License Number:		Owner's Social Security or Federal Employer Identification Number:	
Business Name: <small>As listed on Automotive Repair Dealer Registration</small>		Automotive Repair Dealer Registration Number:	
Business Address: <span style="float:right">Number and Street</span> <span style="float:right">City</span> <span style="float:right">State</span> <span style="float:right">Zip Code</span>			
Business Mailing Address: <span style="float:right">Number and Street or Post Office Box</span> <span style="float:right">City</span> <span style="float:right">State</span> <span style="float:right">Zip Code</span>			
Business Area Code and Telephone Number:			
Applicant's Background: <i>Attach additional sheets if necessary.</i>			
1. Have you ever been issued a license by this Department?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:			
2. Have you ever had any license denied, suspended, revoked, or placed on probation by this Department?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:			
3. Have you ever been issued a citation by this Department?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:			
4. Have you ever been convicted of any violation of law?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>This item refers to all violations of the law, other than minor traffic violations; including misdemeanors or any matter where a plea of nolo contendere was permitted.</i>			
If yes, please explain:			
<b>CERTIFICATION:</b> I certify under penalty of perjury under the laws of the State of California that the statements made in this application are true and correct and I have the required equipment in accordance with Division 33 of Title 16 of the California Code of Regulations.			
Signature of Applicant _____		Date _____	

# INSTRUCTIONS

**LICENSE TYPE:** Check the box to the left of the license type you are applying for. (See Enhanced Area Zip Code list.)

**OWNER'S NAME:** Enter the complete name of the owner.

**OWNER'S DRIVER LICENSE NUMBER:** Enter the Driver License Number of the owner.

**OWNER'S SOCIAL SECURITY OR FEDERAL EMPLOYER IDENTIFICATION NUMBER:** Enter either the owner's social security number or federal employer identification number.

**BUSINESS NAME:** Enter the name of the business as listed on the Automotive Repair Dealer Registration.

**AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER:** Enter the Automotive Repair Dealer Registration Number of the business.

**BUSINESS ADDRESS:** Enter complete address where the business is being conducted.

**MAILING ADDRESS:** Enter complete address where the business receives its mail.

**BUSINESS AREA CODE AND TELEPHONE NUMBER:** Enter the area code and telephone number of the business.

**AUTOMOTIVE REPAIR DEALER REGISTRATION NUMBER:** Enter the current Automotive Repair Dealer Registration Number of the business.

**APPLICANT'S BACKGROUND:** This section must be completed in its entirety. Any applicable information not provided may result in denial of this application or legal action later to revoke this license.

**CERTIFICATION:** Sign and date the application. Your signature affirms that all required equipment and manuals are present and in satisfactory condition and that all statements are true and correct. Any false statements made on this application may result in denial of the application or legal action later to revoke the license.

**REQUIRED EQUIPMENT:** All the equipment required per Division 33 of Title 16 of the California Code of Regulations must be on the premises in proper working order and in calibration in accordance with the type of station license.

- Test and Repair: See §3340.16.5
- Test-Only: See § 3340.16

**PLEASE NOTE:** In order to operate as a smog check station, a licensed smog check technician with the appropriate license for the work being performed must be present and able to gain electronic access to the Emissions Inspection System (EIS) or the Test Analyzer System (TAS).

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Per California Civil Code, Section 1798.17 (Information Practice Act), the Director of the Department is responsible for maintaining the information in this application. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by Section 1798.40 of the Civil Code.

The Unruh Civil Rights Act and other state laws contain prohibitions against gender-based pricing practices. Prices must be based on factors such as the difficulty of treatment or service, and not on the gender of the customer. Violators of these laws may be required to pay damages of a minimum of \$1,000 for each violation specified in Section 52 of the Civil Code. (Statutes 1994 chapter 535 (SB 1288))

Disclosure of your social security number (SSN) or federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455(42 USCA 405(c)(2)(C) authorizes collection of your SSN or FEIN. Your SSN or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.